

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO. **10/506872**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51	1					
2	1						52	1					
3	1						53	1					
4	1						54	1					
5	1						55	1					
6	1						56	1					
7	1						57	1					
8	1						58	1					
9	1						59	1					
10	1						60	1					
11	10						61	1					
12	10						62	1					
13	1						63	1					
14	1						64	1					
15	1						65	1					
16	2						66	1					
17	2						67	1					
18	2						68	1					
19	2						69	1					
20	2						70	1					
21	2						71	1					
22	1						72	1					
23	2						73	1					
24	2						74	1					
25	2						75	1					
26	2						76	1					
27	3						77	1					
28	1						78	1					
29	1						79	1					
30	1						80	1					
31	1						81	1					
32	1						82	1					
33	1						83	1					
34	1						84	1					
35	1						85	1					
36	1						86	1					
37	1						87	1					
38	1						88	1					
39	1						89	1					
40	1						90	1					
41	1						91	1					
42	1						92	1					
43	1						93	1					
44	1						94	1					
45	1						95	1					
46	1						96	1					
47	1						97	1					
48	1						98	1					
49	1						99	1					
50	1						100	1					
TOTAL IND.							TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						

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APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
101		/				
102		/				
103		/				
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148						
149						
150						
TOTAL IND.	4	↓		↓		↓
TOTAL DEP.	40	←		←		←
TOTAL CLAIMS	44					

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
151						
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199						
200						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						